

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>07850329</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/	/	/				51					
2	/	/	/				52					
3	/	/	/				53					
4	/	/	/				54					
5	/	/	/				55					
6	/	/	/				56					
7	/	/	/				57					
8	2	1	1				58					
9	2	1	1				59					
10	7	0	0				60					
11	6	1	1				61					
12	6	0	0				62					
13	6	0	0				63					
14	1	1					64					
15	7	0					65					
16	6	1					66					
17							67					
18							68					
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41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	2		2				TOTAL IND.					
TOTAL DEP.	58	→	16	→			TOTAL DEP.					
TOTAL CLAIMS	60		10				TOTAL CLAIMS					